

THE COMMONWEALTH OF MASSACHUSETTS

STATE HOUSE BOSTON

Handwritten note: Board between 1st April 1947 to 1st April 1948

ANNUAL REPORT

of the

TRUSTEES

of the

Mass. B O S T O N S T A T E H O S P I T A L (Insane)

for the

YEAR ENDING JUNE 30, 1947

The Hundredth and Seventh Annual Report of
the Hospital

Founded in 1839 by the City of Boston

1947
(Imprint)

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BOSTON STATE HOSPITAL

(Post Office Address, Dorchester Center 24, Mass.)

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Mr. Joseph Contaldo	Head Laundryman
Mrs. Helen Logue	Head Housekeeper
Mr. Leon Hill	Head Garage, Grounds and Farm Departments
Mrs. Mary Rooney	Head Seamstress
Miss Esther E. Currie	Dietitian
Miss Althea MacMillan	Assistant Dietitian

HOSPITAL CHAPLAINS

Rev. Robert Pierce	Rev. William P. Sullivan
Rabbi Moses L. Sedar	

RESIDENT STAFF

Reception Service

Rudolph Kaldeck, M. D.
William D. Pace, M. D.

James Mann, M. D.

1st Senior Physician
Senior Physician in
Charge-Male Wards
Senior Physician in
Charge-Female Wards

West Service

Milton H. Rodofsky, M. D.

Senior Physician

East Service

Jose Gurri, M. D.

Senior Physician

Medical Service

Ruth Ehrenberg, M. D.

N. Anthony Bicchieri, M. D.
William F. McLaughlin, M. D.

Senior Physician and
Chief of Service
Senior Physician
Assistant Physician in
Charge of Acute Medical
Wards, H-7, H-8, and G

Hospital Pathologist

Naomi Raskin, M. D.

Senior Physician

Assistant Physicians

Christopher T. Standish, M. D.
Harold Mann, M. D.
John M. MacKenzie, M. D.
Mignon C. Chasen, M. D.
David J. Myerson, M. D.

Psychiatric Residents

Dante V. Crapolicchio, M. D.
Irving M. Rosen, M. D.
Eugene R. Shippen, M. D.
Elliott H. Sweetser, M. D.
John C. Ayres, M. D.

)
) From Veterans Administration
)

Research Staff

Leo Alexander, M. D.

Rudolph Neustadt, M. D.

----- M. D.

Miss Gladys Howard, M. D.

Miss Helen Berman, R. N.

Assistant Director of
Research

Senior Physician - Research
Associate in Charge of
Biochemistry

Senior Physician and Research
Associate

Biochemist

Electroencephalographic
Technician

Hospital Dentist

John D. Thomas, M. D., D. M. D.

VISITING STAFF

Surgical Division

Chief Surgeon
Visiting Surgeon, Senior
Visiting Surgeons

Visiting Surgeon, Senior-
Orthopedic Surgery
Visiting Surgeon, Orthopedic
Surgery
Visiting Surgeon, Senior-
Thoracic Surgery
Visiting Surgeon, Senior-
Neurosurgery
Visiting Surgeon, Neurosurgery
Visiting Surgeon, Neurosurgery
Visiting Surgeon, Senior-
Genitourinary Surgery
Visiting Surgeon,
Genitourinary Surgery
Visiting Surgeon, Senior-
Ophthalmology
Visiting Surgeon,
Ophthalmology
Visiting Surgeon, Senior-
Otolaryngology

Alexander J.A. Campbell, M. D.
Allan L. Davis, M. D.
J. Edward Flynn, M. D.
Charles G. Shedd, M. D.
Albert S. Murphy, M. D.
Karl D. Kasparian, M. D.

Charles Bradford, M. D.

George G. Bailey, M. D.

Joseph P. Lynch, M. D.

Donald Munro, M. D.

A. Price Heusner, M. D.

Hannibal Hamlin, M. D.

Boris E. Greenberg, M. D.

Max L. Brodny, M. D.

Francis J. West, M. D.

Garrett Sullivan, M. D.

Daniel Miller, M. D.

Medical Division

Chief of Medicine
Visiting Physician, Senior-
Dermatology
Visiting Physician, Senior-
Medicine and Allergy
Visiting Physician, Senior -
Endocrinology
Visiting Physician, Medicine
Visiting Physician, Senior,
Radiology
Visiting Physician, Tuberculosis

Hyman Morrison, M.D.

Francis P. McCarthy, M. D.

Francis M. Rackemann, M. D.

Samuel Gargill, M. D.

Samuel Stearns, M. D.

Humphrey L. McCarthy, M. D.

Joseph D. Wassersug, M. D.

Psychiatric Division

Chief Psychiatrist and Chief of
Professional Services
Visiting Psychiatrist, Senior
Visiting Neurologist, Senior
Visiting Psychiatrist

Visiting Anesthetists

Visiting Podiatrist
Visiting Dentist

Elvin V. Semrad, M. D.

Abraham Myerson, M. D.

Wilfred Bloomberg, M. D.

Norris B. Flanagan, M. D.

Rose Winston, M. D.

Murray Winston, M. D.

Charles H. Thorner

James E. Gibbons, D.M.D.

TRUSTEES' REPORT

To His Excellency, the Governor, and the Honorable Council:

The Boston State Hospital has become a hospital - it is no longer an almshouse. Dr. Barton became Superintendent on October 31, 1945. In the two years since then, the changes are amazing. The staff, both professional and technical, has been increased in numbers somewhat and has been improved in quality greatly. During the Spring and Summer of 1946, 11 new doctors were added to the resident staff and the care of the patients began to improve. The treatment of employees was mentioned in the report for 1945-1946, how their physical welfare as well as their right to meet and to talk openly and freely has resulted in fostering a sense of security and of fair play. The "atmosphere" and the general morale of the hospital has improved tremendously.

On September 8, 1946, the Trustees sponsored a simple ceremony at which Service Pins, indicating the length of service at five year intervals, were presented to 134 employees. More than 500 persons attended and the meeting was addressed by Major Earl Barnett, representing Governor Tobin, and by Dr. Inman, representing Commissioner Clifton T. Perkins, as well as by Dr. Barton. Mr. Eli M. Levatinsky of the Trustees presented the awards.

During the year since then the improved treatment of employees has led to great improvement in their service. Workers at the hospital stay at their jobs, the labor turnover is less. New persons of higher quality apply. Wages for Attendants are higher, overtime is reduced. Vacations became possible once more, and as said, grievances can now be aired and discussed.

On September 18, 1946, Miss Mary A. Sylvia became Principal of the School of Nursing in place of Miss Mary Alice McMahon, who was retired after many trying years of devoted service. Miss Sylvia graduated from Johns Hopkins School of Nursing and had recently been teaching psychiatric nursing in California. Miss Sylvia has set up a new teaching program. A Nursing Education Office has been established. Ward conferences and other practical exercises have been added to the didactic instruction. Student nurses who come from other hospitals for special instruction in psychiatry are welcomed and are given a training which is excellent. Their quarters have been made adequate; student government has replaced the old police system. It is not surprising that a number of these affiliates express a desire to return to the Boston State Hospital for further work under Miss Sylvia.

A program of education for the Staff has been arranged. Meetings are held weekly and have two parts. Interesting cases are discussed by the staff and a series of lectures by leaders in neurology and psychiatry in Greater Boston have been given. Members of the staff have been encouraged to attend, whenever their duties will permit, the Review Courses given at the Metropolitan State Hospital, Walter E. Fernald State School, and at the Boston Psychopathic Hospital.

The care of the patients has improved as the interest of the doctors and nurses has been aroused by these new teaching programs. Two important developments have made this care even better. The first is the organization of the visiting and consulting doctors who reside outside of the hospital. On

January 6, 1947, a dozen former consultants met and organized the Medical Executive Committee, setting standards for the selection of new visiting doctors and requiring that the credentials of each new appointee must be scrutinized by the Committee. The Committee meets once a month. Dr. A.J.A. Campbell was elected Chief of Surgery. Dr. Hyman Morrison was elected Chief of Medicine and Dr. Elvin V. Semrad was elected Chief of Psychiatry and Chief of Professional Services by the Executive Committee. Since then, many new appointments to the Visiting Staff have been made and in each case, the new man is good; he has qualified for or is eligible for certification by the American Board of his specialty. The Visiting Staff now includes a total of 28 physicians and surgeons. Payment for the services rendered by these visiting doctors has been arranged. When specialists in Internal Medicine, in Surgery, as well as in diseases of the Eye, the Nose and Throat, the Skin, and Genito-Urinary tract, and the Bones, will visit the hospital with fair regularity, the treatment of patients is bound to improve.

The second development is allied and will implement the first. The Boston State Hospital has in all about 2900 patients suffering from various forms of nervous and mental disease. The plan is to place in the midst of this great institution a small unit for the treatment of those patients who need treatment also for medical and surgical diseases. This development was mentioned in the report of last year. Now a section of H Building has been set aside and renovated to some extent to make it suitable to this new function. Two floors, one for men and one for women, each

containing about 25 beds, have been allocated. The operating room is in the same building above and there is hope that modern X-ray equipment and up to date laboratories can be established nearby in the future. What is really needed, however, is an entirely new building with beds for about 300 patients and with all modern facilities. The hospital needs this badly. Today the hospital is about 30% overcrowded. There are, in June 1947, 500 more patients than in 1940, and they are increasing at the rate of about 80 a year. A new building is not merely a good idea so far as treatment is concerned; it is a necessity.

As we look ahead, one can see that the treatment of the insane with shock of various kinds as well as by delicate operations on the brain, is a field of medical exploration which is becoming more understood and is proving to be of national value. The old idea that nothing can be done for such a chronic mental disease as Dementia Praecox, that the condition was hopeless and that the patient needed only custodial care, is being replaced by a much more cheerful and a most interesting outlook. As said, the Boston State Hospital has become a hospital in the real sense of the word and before long the public will recognize that fact. Research at this institution needs - yes, it demands encouragement and a very active support of projects which are actually exciting in their implications.

Housekeeping problems are always with us. Beds, mattresses, blankets, chairs, tables, kitchen and dining room equipment, dishes, silverware, food containers, are all short. The war time scarcity has not yet been made up despite every effort to repair, renovate, and replace. More serious are the larger items.

Steam lines, roofs, window gratings, outside paint, and finally plumbing, must be attended to in the near future. Escape of steam from leaky mains is more expensive in the long run than the replacement of the mains.

The epidemic of diarrhea which occurred in December, 1946, and January, 1947, involved 627 cases and caused 58 deaths, mostly in older people already in poor condition. It showed well what can happen when adequate plumbing facilities are not available. That the disease did not spread even further speaks well for the heroic and intelligent activities of those in charge. The lack of proper facilities made their work doubly difficult. How much a new modern building would have helped.

The Boston State Hospital, like every other hospital, costs money. It is only one of 16 institutions in this State devoted to the treatment of the insane. These great hospitals are indeed a burden to the taxpayer and it is not surprising that the authorities are anxious to keep the costs down. On the other hand, the war is over and the public has the right to expect that those of their relatives and friends who are stricken with mental disease and are committed to the State hospital shall have the best of care and treatment that modern medicine can give them.

In 1940, before the war, the Ward Service quota was set at 462 nurses and attendants to care for about 2400 patients. During the war this number was reduced and in 1947 the ward service quota was set at 401. Sixty-one employees had been taken away. In addition, 12 trained psychiatric nurses and 1 attendant were cut from the 1947 budget. They will leave their jobs on July 1. This means that this hospital will soon lose a total of 74 persons

including nurses and attendants, and meantime, as said above, the number of patients has increased from 2400 to 2900. Your Trustees cannot believe that this reduction will be long continued or tolerated. The Boston State Hospital needs an increase, not a decrease in those who are directly responsible for the welfare, as well as the active treatment of the inmates.

The future of the Boston State Hospital, like the future of psychiatric knowledge and treatment, is bright indeed. It is unfortunate that the public regards mental illness as "insanity" which comes as a stigma or shame to the character of the patient. The public still believes that some error of inheritance or of personal conduct which was preventable has been responsible for the dreadful situation. How can we teach this public to realize the tremendous cost of mental disease in money, as well as in suffering, and to take interest in its prevention and treatment? Can we demonstrate what prevention can do?

A new project which must be considered soon is the establishment of out-patient clinics where individuals with nervous disorders of various types can be seen by well qualified psychiatrists who will study them carefully and provide a course of management and treatment which will go far to keep the disease from advancing. Already there are reports from hospitals in other states which reveal what their out-patient clinics have accomplished. Certain patients, who were formerly admitted, have been treated while still at home and at work. Where this fails and admission becomes imperative, the previous knowledge of the patient has led to his prompt classification and the prompt start of active treatment so that his hospital stay could be reduced from several years to

a few months. Your Trustees are confident that as soon as the intelligent public will understand these things and will appreciate the possibilities for the prevention, the treatment, and the better care of mental illness, that no one will want to reduce the medical services to those who suffer through no fault of their own.

Respectfully submitted,

Francis M. Rackemann, M. D.

Anna C. M. Tillinghast

Thomas D. Russo

Katherine G. Howard

Eli M. Levatinsky

Cecelia F. Logan

Daniel T. Galvin

SUPERINTENDENT'S REPORT

It has been gratifying to witness the emerging outline of what in a few more years should prove to be a good hospital. The scars of war are deep. The accumulative neglect of patients and of buildings can only be removed through great effort on the part of all employees. The support of taxpayers will also be indispensable. We believe the alleviation of human suffering and the hope of recovery are worth the expense. The high cost of everything we use has made our appropriated funds inadequate for any speedy return to normal standards of patient care and building maintenance. At times our deficiencies seem greater than any achievements. We are impatient to move ahead faster for we believe a patient with mental illness should have every chance to recover or improve.

Our achievements during the year have been small when compared to our objectives. Many more patients have been brought into active treatment. There has been more opportunity provided our staff psychiatrists for individual and group psychotherapy - work directly with patients. Electric stimulation therapy (shock treatment) has been given to a greater number of patients than ever before. As a result nearly 300 more patients were released on visit in 1947 than last year. The quality of nursing care has steadily improved but most markedly in relation to the management of new patients. The care of patients with physical ailments has been notably better with the help of a new plan which enables us to employ physicians in practice in the community to do many medical tasks that our few overworked doctors previously did. The

fine visiting staff of physicians has played a major part in making it possible for psychiatrists to spend more time working intensively with patients.

As a direct result of the greater treatment activity, more patients were returned home in shorter time. Our visit rates show a return to a five year prewar average.

Patient care standards have shown improvement chiefly in the direction of better personal cleanliness and more adequate clothing. Food service is somewhat better.

Employee morale has continued to improve. As vacancies dropped, hiring policies became more strict; turnover diminished and a better group of employees was obtained.

An active staff education program added to the interest of nurses and doctors in their work and directed attention to the most effective methods of psychiatric care.

Our needs are greatest in the following areas:

1. Ward Personnel
2. Financial assistance
3. Relief of overcrowding
4. Training of attendants
5. Improved public relations.

Ward personnel quotas are no longer adequate to meet our needs and require drastic revision upward. There are now over 500 more patients to care for than we had in 1940 and over 74 less employees to care for them. More new patients are admitted to Boston State than to any of the other state hospitals. (Only the Psychopathic Hospital equals the admission rate) New patients require more nursing service,

more treatment, more records, etc. Also there are more aged patients than ever before. Senile and infirm cases require more nursing care. We need an increase in our ward service personnel quotas to enable us to provide the essentials of hospital care. We make a special plea that personnel quotas be established upon standards that are based on the time it takes a nurse to perform the needed tasks and not upon employee-patient ratios or ward coverage.

Professional salaries are in need of revision. Other states around us and local competitive hospitals now offer higher wages than we pay doctors, nurses, psychologists, social workers, laboratory technicians and occupational therapists. The latter group illustrates the dilemma clearly. An occupational therapist has the equivalent education of a nurse (3 years in college) yet receives less salary than the unskilled worker who is an attendant. As a result of our low professional salary rate, we cannot hold people. The excellence of our training program makes them willing to come for a short period of training, but they do not stay with us.

Financial assistance is required if we are to discharge our mission.

We ask that 3 facts be kept clearly in mind:

1. Population of the Boston State Hospital has increased 25% in 10 years.
2. The average cost of all commodities has gone up 65% in 10 years.
3. There has been only a 10% increase in per capita cost (1937 - \$9.95; 1947 - \$10.81)

There can be only one comment to these facts. If prices have gone up 65% and costs have advanced but 10% then standards have been lowered. Our patients need the benefit of a speedy return to pre-war standards.

We ask that enough money be appropriated to pay for the positions we have on our payroll. Our 1938 budget again gives us less than enough to pay for the established payroll positions even after an allowance of 5% for vacancies is made.

We ask that enough money be granted to feed the established ration. The ration provides a minimal subsistence level only.

We hope that our recommendations for budgetary revisions will be carefully evaluated in terms of present patient population and present price levels. We found it nearly impossible last year to stay within appropriations for office expenses, furnishings, medical, and repair items.

Relief of overcrowding is urgently needed. Each year we care for about 80 more patients than the last. We now house 500 more patients in less space than we had 10 years ago; a space reduced by 318 beds when C and D Buildings were condemned and closed. Patients now sleep in corridors and in day space. We are now about 30% beyond our capacity. We have asked for construction to provide 300 beds.

The Training of Attendants has now become one of our foremost needs. During the year, we have acquired a staff of unskilled persons who have direct care of patients. Few have any previous experience in a mental hospital. Employee turnover has been high. We intend to devote considerable time, this coming year, to the instruction of attendants in order that they may give maximum service to our patients.

Our public relations are not good. People in Boston do not trust the state hospital. They have amazing ideas of what goes on in a place like this. They believe we employ armed guards and that we put excited patients in padded cells. They believe we beat our patients when they become unruly and cow them into obedience. Every bruise a patient receives through a fall or quarrel with another patient is ascribed to mistreatment by attendants.

The public has many misconceptions about the nature of mental illness. Shame, guilt, fear of the unknown, and irritation with patients and their problems has led to the repression of concern about the mentally ill; and to the development of complacent and indifferent attitudes as well as the feeling that they are not responsible for bringing about any improvement in the care of those with mental sickness.

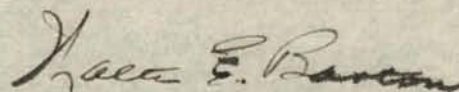
If the average man in Boston understood just a little about how mental illnesses develop and something of what is done for patients in the state hospital he might look upon hospital care for mental illness in something of the same manner as he does hospital care for tuberculosis. If the public realized that with proper treatment many patients with mental illness recover and return home, they would be more willing to spend a little more money for good care. There is some cause for belief that the expense of good care will prove lower in the long run than care at the asylum level. For Example, The Ohio State Mental Hygiene service reports that the new Ohio Receiving Hospitals, that are run in accordance with standards of the American Psychiatric Association; (a much higher standard that Mass. hospital now have), are able to send home as improved 73% of all admissions for mental sickness without their being legally committed to a state hospital. It is believed studies now in

progress will show that the results of intensive treatment at the Boston Psychopathic Hospital will be in the same high range. These reports are too new for detailed evaluation, and they support the thesis that it is worth the expenditure of more money to treat new patients intensively so they will not become chronic cases requiring continued public support for years. I think the public, if it understood the facts, would be as willing to pay the higher costs. More money is spent for the care of a patient with cancer than is the case with a mental illness. The public believes it proper to invest money in cancer research. With public education, pressure can develop upon state legislatures to spend the money that will give the patient with mental illness the best possible chance of recovery.

We are endeavoring to build up the confidence of the public through direct employee contacts but the extent of our problem will require a much more detailed program during the coming year. We plan group meetings with relatives of patients, an orientation pamphlet about hospital care, talks to civic groups and the use of the newspaper and radio to inform the public. The problem is so great that we hope that the Mass. Mental Hygiene Society and National agencies concerned will institute a more aggressive campaign of public education about mental illness.

A loyal group of employees who are sincerely trying to serve our patients, a fine group of experienced nurses, a superior medical staff, and an energetic group of maintenance workers, are responsible for the gains we made in 1947. I am grateful for their help. I also wish to thank the Trustees and the Department of Mental Health for the support they have given me during the entire year.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Walter E. Barton". The signature is fluid and cursive, with the first name "Walter" being more prominent.

Walter E. Barton, M. D.
Superintendent

MOVEMENT OF POPULATION

The resident census of the hospital on June 30, 1946, was as follows: men 1219; women 1593; total 2812.

There were admitted during the year 561 men and 651 women, a total of 1220 new patients. There were discharged to the community 213 men and 195 women, a total of 408.

41 men and 18 women were transferred to other institutions. There were 382 deaths during the year, 196 men and 186 women. There were remaining on the books on June 30, 1947, 3270 patients, of which number 2900 were residing in the hospital, and 370 on visit or otherwise absent.

In the 10 year period from 1938, the hospital population increased from 2,386 patients to the present 2,900. 514 more patients now reside in a space smaller by 318 beds (due to the closing by condemnation of the C and D Buildings,) than was the case in 1938. The overcrowding, which is now nearly 30%, has reached such serious proportions that beds are crowded too close and there is no longer proper day space. The gain in population in the past five years has been at the rate of approximately 80 new patients a year. New buildings must be built to care for the increased number of patients.

The number of new admissions continues as a high level. The following figures show the annual admission rate for the past five years:

1947	1220
1946	1167
1945	1150
1944	1370
1943	931

In 1947 the average monthly admission rate was 101.7, as compared with 97.2 last year.

The number of transfers to other institutions in the same period has shown little variation, ranging from 38 to 67 in the 5 year period. This year 59 were sent to other institutions by transfers.

Even though the number of old people has increased (in 1945, 50% of all new admissions were over 60 years of age,) the death rate has not increased in proportion to the rise in population.

The figures below show the number of deaths each year for the past 5 years:

1947	382
1946	391
1945	417
1944	456
1943	337 (This was a 9 month year due to the change in the date of the statistical year)

The number of patients discharged in the past 5 years reveals the following:

1947	408
1946	377
1945	383
1944	467
1943	265

Discharge rates though are not a good basis upon which to tell whether our treatment is effective. Present methods of keeping statistics give us no help. A completely new approach is needed.

It is important to know what happened to the patients admitted one year ago. How many are at home, how well they are, and how long it took them to recover. It is believed that the newer treatment methods return patients home in a shorter time and in better condition. Statistics must be developed that will be a better measure of the success in management. One such index of efficiency is the number of patients who are released on trial visit of more than 4 days duration. In 1947, 855 patients were released in comparison with 578 a year ago.

A three year study is underway that should go a step in the direction of demonstrating whether intensive treatment will return more patients home in shorter time.

PROFESSIONAL CARE DIVISION

Theodore F. Lindberg, M. D., Assistant Superintendent and
Assistant Medical Director

High medical standards of care and treatment may be achieved and maintained in part by efficient business methods. It is necessary for administrative routines to operate in such a fashion that they form a secure and certain but unobtrusive background for recovery. This year one of the achievements has been the crystalization of procedures in a series of Policy Letters. A glance at some of the titles will indicate the scope:

Organization of the Ward Service

Ward Classification

Personnel Policy

Fire Regulations and Fire Prevention

Salvage and Condemnation of Property

Care of Drugs - Hazards to Patients

Linen Exchange

Issue of Keys and Clearance

Patient Supervision in Cafeterias

Patient Property and Valuables

Admission Procedures

Organization and Function of Social Service

Policy Memos were inaugurated to define in writing minor procedures such as:

Accident and Injury Reports

Barber Shop Schedules

Form Letters

Special Diets

Tobacco Rationing, etc.

It has been most helpful to have written guides for instruction and operation. Some procedures like the stamp control system, which saved \$20 per month, and the linen exchange system, are steps to effect more efficient and economical management.

Employees shared in community responsibility also. The Community Fund Drive quota was oversubscribed and contributions were made to the Children's Hospital Building Fund and Greek War Relief.

PERSONNEL DEPARTMENT

There has been a marked improvement in the general personnel situation. At the start of the year there were 366 vacancies in a quota of 680 employees. At the end of June there were but 119 vacancies and 4 in the excess quota of 28. The turn over continued high, about two employees left for every one who stayed. At the end of the year more careful screening of applicants and improved employee morale was bringing this down to the normal ratio of one to one.

One June 30th, vacancies were as follows:

Quota	680	Vacancies 119, including 4 in Excess Quota	
Excess	28		
	<u>708</u>		
	<u>Quota</u>	<u>Vacancies</u>	
Medical	21	0	
Ward Service	425	82	40 men 42 women (12 head nurses 12 Psychiatric nurses (Psychologist and Laborator technicians)
Administration	55	3	
Industrial and Occupational Therapy	18	6	
Kitchen	63	13	
Domestic	65	13	
Engineering	19	2	
Repairs	18	2	
Farm	11	1	
Garage and Grounds	13	1	

This year marked the return to two weeks vacations for everyone regardless of help shortage. The value of a vacation in re-establishing a zest for living is more important than coverage of wards by

tired, irritable people.

A two weeks orientation course in psychiatric treatment, employing a motion picture film as a visual aid at each meeting of the class, was held for all employees. Ward Service turnover was too high for intensive attendant training courses. On-the-job instruction was used instead.

On the 8th of September, 1946, the Board of Trustees sponsored a ceremony which was the first of its kind in a state hospital. Every employee with more than 5 years of service was honored at a special ceremony held out of doors on the recreational field. It was an impressive occasion attended by some 500 persons. 134 employees received awards indicative of the length of their service in the hospital.

The salary of Attendants was raised in February and freed from the requirements of living on the grounds. This was a forward step which greatly assisted recruitment. It is to be hoped that soon all employees may have the privilege of electing whether or not they will live in, as a condition of employment, without reference to the limitations of a partial maintenance quota.

A meal ticket, instituted in the spring, as a requirement for admission to cafeterias, gave promise of reducing food costs through eliminating persons not entitled to maintenance.

The growing load of processing over 700 employees, the ever increasing number of personnel records required, and the high rate of turnover demands that serious consideration be given to the establishment of the positions of Personnel Manager and Personnel Clerks. Any industry employing 700 persons would most certainly

require such trained help. It is unfair to place the major part of this burden upon the Superintendent of Nurses and her assistants, who should be engaged in professional duties. During this year personnel procedures have occupied nearly 80% of the nursing staff time.

STAFF CHANGES

- 15 July 1946 Miss Mary Alice McMahon, R. N., Superintendent of Nurses, retired. Replaced on 18 September 1946 by Miss Mary A. Sylvia, A.B., R. N.
- 15 July 1946 Miss Gale Hanson, Director of Music, replaced by Mr. A. Flagler Fultz in August, 1946.
- 15 July 1946 Dr. William D. Pace appointed Senior Physician.
- 15 July 1946 Miss Wanda Pikiel appointed Dietitian. She resigned 30 September 1945, and was replaced by Miss Esther E. Currie on 14 October 1946, who had served as an Army dietitian.
- 12 August
1946 Dr. Mignon C. Chasen appointed Assistant Physician.
- 26 August
1946 Mr. Harry Yeaton, Assistant Steward, returned from Military Leave. On December 8, 1946, he resigned to become Steward at the Westborough State Hospital. On 5 April 1947, Mr. Avery W. Cook, formerly of Medfield State Hospital, was appointed to this position.
- 26 August
1946 Miss Eleanor V. Kinsman was appointed Assistant Treasurer. She resigned 16 November 1946. On 11 December 1946, Miss Dorothea Prestininzi was named Assistant Treasurer.
- 15 September
1946 Mrs. Rosamond Harmon resigned as Physical Therapist. On 16 September 1946 Miss Barbara Martis was appointed. She resigned in January. Since then the Physical Therapy Department has been closed, as no replacement could be found.

1 September 1946	Dr. James M. MacKenzie appointed Psychiatric Resident.
16 September 1946	Dr. Harold Mann appointed Assistant Physician.
1 October 1946	Dr. Dante V. Crapolichio appointed Psychiatric Resident
1 October 1946	Dr. Sanford Gifford assigned to Resident (V.A.)
1 October 1946	Dr. Richard Perreault assigned to Resident (V.A.)
26 October 1946	James E. Hurley retired after 33 years service as Head Industrial Therapist. He was replaced by Mr. Peter J. Barlow.
28 October 1946	Dr. Maximilian Weinberger, Assistant Physician, transferred to the Walter E. Fernald State School. He was replaced on 1 November by Dr. David J. Myerson.
1 November 1946	Dr. Leo Alexander, Assistant Director of Research, released on indefinite leave of absence and appointed Special Consultant to the Secretary of War to assist in the prosecution of Nazi Medical Criminals.
30 March 1947	Mrs. Alice Brooks, Head of the Sewing Room, retired.
30 March 1947	Michael Crenmins, Fireman, retired.
7 June 1947	Dr. Jay W. Fidler, Senior Physician, resigned to accept a position with the Veterans Hospital of Lyons, New Jersey. Dr. James Mann was promoted to fill his vacancy.

MEDICAL RECORD DEPARTMENT

Although this department had a full staff most of the year and although record keeping was stripped to the barest essentials through the eliminations or simplification of many records, it was not possible to keep operations current. Many tasks lagged a month behind. The reduction of the work week to $37\frac{1}{2}$ hours, which was not offset by additional workers was chiefly responsible. Additional stenographic help and money for the purchase of dictating equipment is urgently required. The expanding size of the hospital, nearing 3,000 patients, the very high admission rate, and the greater treatment activity, have caused the increased load of record keeping.

A new case folder and a revised content for patient medical records was introduced. Filing time is saved and the new format makes it easier to find important data.

During the war years no replacement was made of typewriters, the effects of continued hard usage demand a speedy return to regular replacement of machines.

NURSING SERVICE

Miss Mary A. Sylvia, A. B., R. N., Director of Nursing

The Superintendent of Nurses, Miss Mary Alice McMahon, R.N., retired on July 15, 1946, after 26 years of service in the hospital. The present director assumed office on the 20th of September, 1946. This report covers occurrences during the tenure of the incumbent. Many changes were made including relocation of the Nursing Office in the Administration Building and the establishment of a Nursing Education Office in the Nurses' Quarters Building.

Personnel

Procurement - The Nursing Service in September, 1946, was in a depleted post-war condition. Only 108 of the allotted 425 positions were filled. Twenty-four of these were occupied by maintenance personnel working in other departments but paid on ward payroll. Fifty women occupied Charge Attendant positions when only 2 such positions existed on female service. Their salaries were drawn from other positions; e.g. Head Nurse and Head Psychiatric Nurse positions. Most were filling male Charge Attendant positions. Only 24 of these persons were working on the wards. Working conditions were poor and hours too long to produce effective care. Most employees were working 16 hours of overtime each week on top of a 48 hour week. Nursing care was supplemented by many hours of overtime performed by maintenance personnel. Bathing, evening coverage, escort to parties, and movies was provided by the willing cooperation of this group.

During the year procurement has left few vacancies. On June

30th vacancies existed in the following categories:

1. Chief Hospital Supervisor, Graduate Nurse
2. Female and Male Charge Attendants
3. Female Attendants
4. Hydrotherapists - Male and Female

Efforts have been made, during the year, to re-assign persons who are out of classification in order that the blocks may revert to the Ward Service. Some individuals have received a salary at a higher level than the responsibilities they carried warranted. Others worked in other hospital departments. Many such individuals have been returned to their proper classification.

Procurement of personnel has been costly because of short stay and high turnover. A study was made of the number of employees who have left since February, 1947. 223 employees left; 139 male, 84 female. Study reveals in order of frequency the following reasons:

Male Service: Discharged as unsuitable, dislike of work, ill health, no reason, return home, better position, small salary, family reasons, rest, going to school.

Female Service: Ill health, family reasons, did not like work, discharge, better job, school, salary poor.

The average turnover for the year was 50%, or 2 employees were hired for every one retained. The number procured gives little indication of the number processed and rejected. An average of 1/3 of all applicants were rejected for reason of objectionable court record. About 2/3 of all applicants were rejected as not suited to the work. Few women were rejected as they were more difficult to procure. It is interesting to note that many left because they did not like the work. This

might have been otherwise had adequate training been possible to provide.

A study has been made to determine superficially the quality of employees now here in relation to educational background, age, and service in armed forces. The findings were:

<u>Educational Background</u>	<u>Male Service</u>	<u>Female Service</u>
Grammar School incomplete	9.63%	8. %
Grammar graduate	13.33%	17.14%
High School incomplete	31.85%	33.14%
High School graduate	21.48%	26.86%
College incomplete	17.78%	9.71%
College graduate	5.92%	5.15%
<u>Age Distribution</u>		
Under 20	1.47%	5.14%
20 - 30	57.11%	25.71%
31 - 40	23.70%	23.43%
41 - 50	9.63%	24.57%
51 - 60	9.63%	16.00%
over 60	4.44%	5.14%
<u>Veterans</u>	57.78%	1.47%

In February of 1947, the Attendant's salary was raised to \$1620. The Attendant also had the privilege of indicating whether he wished to live in or to receive one or more meals. This greatly assisted in recruiting and retention of a higher type of Attendant.

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uniforms. Overtime was gradually reduced each month as the quota filled. In relation to good employee morale, one of the greatest needs is a salary tabulation weekly (a check stub) to accompany pay checks issued by the Treasurer's office. Income tax and other deductions are a constant course of inquiry.

Much has been accomplished in reshaping attitudes toward patient care. The non-aggressive, supportive attitudes are more prevalent. Some older employees attitudes have been difficult to alter and discharge has followed only a sincere effort to modify them.

Graduate Staff - Registered nurses numbered 12 at the beginning of the year plus 2 graduate nurses not registered in this State. At the end of the year there are 32 registered nurses with 2 graduate nurses.

The Assistant Principal positions were filled by Mrs. MacKenzie for administrative work and by Mrs. Hargreaves for the school. The work of these two nurses has been of high quality, with a cooperation and initiative that has contributed greatly to this year's progress. Their loyalty deserves praise in insuring safe care when conditions were often hazardous.

The Graduate Nursing Staff in the Reception Building grew markedly and provided improved care for new patients.

H Building has been most difficult. There the working conditions have been beyond the appeal of the average challenge to any nurse. The work of the Operating Room Supervisor, has been one of the most outstanding contributions of the year. She has created an operating room and clinic service that in all justice can be said to have been due to her tenacity and determination in the face of tremendous handicap.

She has foraged and painted and salvaged material; she has trained a loyal group of attendants under her; she has given unreservedly of her strength. Sterile supply, where previously only for operating room use was any available, has now been made available to the hospital at large. Sterile dressings are now applied in any unit where a year ago none existed.

All operating room equipment was repaired and put back in condition. A central supply room was established for the issue of all medical and surgical supplies.

East Group has 6 registered nurses as contrasted to one at the beginning of the year.

A staff education program was held for nurses. This covered both administrative and therapeutic advances. The area of concentration was on the Supervisor of the unit in order that she might better train her subordinates.

Affiliating School - During the year 207 affiliating student nurses received a three months' training course in psychiatric nursing and 4 Senior Cadet Nurses received a three months' graduate course. The Director of Nursing Education was wholly responsible for the school with the help of 4 part-time clinical supervisors who assist. The faculty has been organized and two faculty meetings have been held. The affiliating school curriculum was revised to introduce more modern teaching methods. Class was divided into sections for increased personal attention. Coordination between courses was also improved. An Advisory Committee to the Training School was appointed. Student Government has controlled most student activities under the able leadership of a resident Health Counselor and Student Advisor. The accomplishments of the school have been measurable in

an increasing happiness, ease of adjustment, and self development of the student, also in improved patient care through their practice of newer and more effective patient relationships. The school is poor in recreational facilities but wise sponsoring of self-initiated social activity has supplemented this need effectively. Student recreation planned by themselves included teas for parents, bridge parties, out-door picnics, parties and dances.

There is need for a training school budget to purchase visual aids, teaching materials, films, etc., as well as recreational equipment for the nurses. They give the hospital many dollars of free service in patient care in return for a much smaller expenditure of supervisory time. They are amply worth the investment.

The alumni of the Boston State Hospital Nursing School re-formed and held several interesting meetings at the hospital. The Director of Nursing was appointed Chairman of a committee composed of the Superintendent of Nursing of those State Hospitals who train affiliate nurses; the mission was to improve the teaching, and to coordinate certain basic administrative procedures.

Patient Care - Further advances were made during the year in the classification of patients for ease in patient treatment. In July the G Building was assigned for the care and treatment of tuberculosis patients. O Building was set aside for ambulatory senile women. The center wards in B Building were established as convalescent and treatment wards for acute male patients. The Reception Building was cleared of chronic patients and a 60-day residence policy put in operation for new admissions.

Improved patient care paralleled increased personnel. All ward units at the end of the year were under attendant or nurse supervisor. Some reestablishment of basic ward routines has occurred. The change in attitudes and patient-relationships has been the most outstanding gain. The wartime control of patients by patients brought with it many common abuses. Harsh, overworked supervision has intimidated and made many patients anxious and tense. The tremendous lag which existed between what the medical staff could provide in treatment and the ability of the nursing service to help them, was tragically apparent at the first of the year. This has not improved too greatly. The understanding and patience of the medical staff during the year towards this service has made whatever change has occurred possible.

Central bathing units opened in O and B Buildings in August and the I Building in September. This simplified the adherence to bathing schedules and provided adequate facilities. In August a Beauty Parlor was opened in the East Group and by the end of the year a second was in operation in the West Group. An insulin treatment unit was established on B-7 treatment ward for men. Treatment rooms were operated on all ward services and first aid kits were stocked and distributed to individual buildings. Patient care continues to be hampered by the degree of overcrowding. Beds are now placed in corridors. There is little space about them which the nurse can use. Day hall space is now not adequate. Patients are forced to use basement sitting rooms which are not desirable.

The Director wishes to express her appreciation of an understanding Administrator and her loyal staff members who have worked during a difficult year with praiseworthy equanimity.

CLINICAL MEDICINE DIVISION

Elvin V. Semrad, M. D., Clinical Director
and Chief of Professional Services

Medical Treatment

Psychotherapy is the basis of treatment in psychiatry. It has been little used in state mental hospitals. The great number of patients each doctor must care for imposes such a burden that there has been little time left to spend in intensive work with individual patients. In spite of the usual obstacles, psychotherapy was used for those patients who needed it most. The goal has been to have every psychiatrist devote three hours daily to this form of therapy - two hours with individuals and one hour daily in group treatment. 19 physicians carried out 4,854 hours of individual psychotherapy and 14 held 707 hours of group psychotherapy sessions during the year.

165 mental patients receiving group psychotherapy were intensively studied and are the subject of a series of reports described in the research section. The results were sufficiently promising to continue and expand this form of treatment. 217 narcosynthesis treatments were given with benefit to selected patients.

Electro-Stimulation Therapy or "shock therapy" as it is commonly called has been applied in most cases of depression, agitation, and excitement, and to many of the more acute forms of schizophrenia. 3,535 such treatments were given last year (from 1942 through 1946, 2,069 shock treatments had been administered.) In January a second "shock" unit was opened in the East Service. Many patients improved and went home and hospital stay was shortened. EST is now being applied with success to selected cases of depression and agitation in the older age group. Critical evaluation of the exact results obtained awaits research reports now in progress.

Insulin Shock Treatments are more difficult to give because of the dependence upon skilled nursing help. Critical nursing shortages limited its application to male patients. 76 patients received 1,261 treatments. Several patients who had failed to respond to electric shock therapy improved and went home. All gained weight and many improved.

Visiting Staff

On January 6th, 1947, a Medical Executive Committee was appointed consisting of Drs. A.J.A. Campbell, Chairman, Elvin V. Semrad, Secretary, Hyman Morrison, Francis P. McCarthy, Boris E. Greenberg, Charles G. Shedd, and ex-officio members, Drs. Francis M. Rackemann, Theodore F. Lindberg, and Walter E. Barton. An outstanding group of medical specialists were appointed to serve our patients under Dr. Semrad, Chief of Psychiatry, Dr. Campbell, Chief of Surgery, and Dr. Morrison, Chief of Medicine. On 12th May, the comprehensive Visiting Staff program went into full operation. This truly marks one of the most forward steps yet taken in improving the medical care of patients. Briefly stated, here is how the plan works:

For the physical ailments of patients -

Physicians, in the community, are employed on contract to carry out annual physical examinations. All cases that require more than local or simple treatment are referred to a series of clinics staffed by visiting men. There is a weekly surgical, medical, tuberculosis, and genito-urinary clinic, and monthly clinics for eye and skin disorders. Other specialists see patients as required.

The visiting specialist examines patients and prescribes treatment. When indicated, hospital care of an intensive type is offered for acute medical and surgical on two wards,

H-7 and H-8, or for tuberculosis in the G Building.

These wards have beds set aside for each of the specialists and are the immediate responsibility of the visiting staff with the help of an assigned staff physician. Patients receive treatment under this plan before their condition advances so far as to constitute an emergency. The quality of treatment is greatly improved also. Even though the program was organized late in the year, 142 major operations and 214 minor surgical procedures were carried out in addition to medical treatments.

For psychiatric ailments, a similar adjunctive service operates. Contract physicians make annual mental examinations and refer cases to staff psychiatrists with recommendations for more intensive treatment, change in management or visit. This screening mechanism removes many responsibilities from staff psychiatrists, permitting them to spend the greater part of the time giving actual psychiatric treatment.

Dental Department

1893 different patients received 839 treatments. Examinations were made this year of all new patients. A start was made on the oral hygiene program in some of the better ward buildings. The state of the mouth hygiene and dental needs of our patients, however, is not good. One dentist is unable to any longer care for all of the dental needs of 2900 patients. Oral hygiene, restoration, and corrective work can only be done if a second dentist is added to the staff. At present it is impossible to do little more than make dental examinations on new cases and handle such referred emergencies and acute work as each day brings.

Social Service Department

Further progress had been made during the year in the change of emphasis and character of work in the Social Service Department. Now the major work consists of pre-parole investigations, placement of patients in the community, patient supervision and treatment. Under our present policy the Social Worker reviews all cases under consideration for visit in order that social factors may be analyzed. She insures that there is a satisfactory home situation; she works with the attitude of the family, insures the patient's welcome and the patient's residence with a minimum of stress. She makes certain that there is a constructive plan for the patient at home. She assists, where indicated, in the procurement of a job; wherever necessary she undertakes the regrouping of the family. She searches out and finds available resources for patients ready to go home on visit. She attempts to get the family to give their cooperation and help.

During the year, 389 patients were referred for placement in the community. 310 were placed in homes and 51 in industry. The Social Service Department made 860 visits to patients out of the hospital and 643 visits to friends and relatives of patients. They supervised 9 patients in Family Care and visited them each month. It is not possible to expand the Family Care program at the rate of \$8.00 a week available for care during this year.

Three vacancies which developed on the staff of the department were filled by students who had received their training here and qualified for their master's degrees. At the present time Boston University, Simmons College, and Boston College are sending students to our hospital for training. 11 students received instruction here during the year.

Theses titles for Master's degrees prepared by students here are as follows:

"After care of 47 Manic Depressive Patients."

"A Study of the Readmission of Mental Patients to the Boston State Hospital in November, 1946".

"Family Care of Mental Patients."

"Social Factors influencing the admission of patients with Senile or Arteriosclerotic Psychoses."

"Social Service to Mental Patients if Family did not Make Adequate Social Plans for Them."

Good psychiatric social work is essential to the process of successfully releasing patients on visit or discharging them. The ultimate objective should be not only to treat and train the patient in the hospital but to help him so that he can maintain himself outside of the hospital.

The goals for the coming year are the placement of more patients in the community, more intensive supervision of those who have left the hospital, and an active program of social therapy including group therapy and expansion of the Family Care program.

Occupational Therapy Department

Occupational Therapy activities expanded greatly during the year. The work with acute patients saw the establishment in the Reception Building of two shops, one featuring general handicraft and the other art and ceramics. In this building a very active recreation program was also developed. The East service also established two shops, one in the L Building which featured needlecraft and one in the Cafeteria Building offering office work, dress designing, and general recreation for treatment patients from P-1 ward.

There were also programs established for the continued

treatment cases. In the West Group this took form of a carpenter shop, furniture repainting and refinishing shop, a general art and design and craft work shop, and a recreation room in the D Building. A ward program was developed for the most disturbed female patients in the A Building. In the East Group a handicraft shop was established in S Building and there were several mending groups on the wards. A daily average of 130 patients attended these shop activities. During the year, some 64,465 hours were worked by the patients assigned in Occupational Therapy. The staff of the department, for most of the year, consisted of five trained Occupational Therapists, three therapists with experience and three attendants assigned to recreation. The industrial therapy program included about 650 patients. Because of the inadequate staff of trained therapists, assignments to industry of patients became the responsibility of ward supervisors and ward psychiatrists. It is to be hoped that during the coming year, staff expansion will permit the Occupational Therapy Department to supervise all industrial therapy as well.

Recreation, this year, was entirely under the direction of the Occupational Therapy Department. Frequent parties were held in the various recreation centers, whist, beano, were favorite games. The Reception Building provided calisthenics and an active athletic program as well as parties, movies, dances, etc. Ball teams were organized between buildings and competition arranged. A simple patient newspaper was started entirely under patient editorship. For several months during the year there was a functioning patient orchestra; effective leadership was difficult to find and hold. The movie program in the past has reached only about 800 patients in our Chapel each week. This is a very small percentage of 2900 patients. A new movie

program now gives four additional shows on the ward once each week to groups that could otherwise never attend the Chapel showings. The most disturbed patients in the I and A Buildings see movies as do the people under observation in Reception Building, and the infirm and feeble on B and H wards.

Three dances were held, a Spring, Harvest, and a New Year's dance. The following special holidays were celebrated: 4th of July, by a midway with games and sports and special music, Labor Day, by a traveling puppet show and musical program mounted on a truck which visited the various hospital centers; Thanksgiving, special decorations and dinner; Christmas, gifts for everyone, a dignified and moving pageant, also Christmas carolling; Easter, special religious services, special decorations, and an Easter pageant; Memorial Day, music and games; 17th of June, music by the St. Ann's Parish Band and the West Roxbury American Legion Band.

The music program organized under the directorship of Mr. A. Flagler Fultz held weekly singing groups on both the East and West Services; training for smaller more specialized units of singers and the giving of as many half hour vocal and piano lessons as time would permit to individual selected patients. Weekly psychological reports have been made by graph profiles showing individual patient response patterns in musical situations. Efforts are being made to correlate the progress curves of musical guidance with psychiatric progress. Two music appreciation clubs were organized which met weekly. The following special projects were also under the direction of the Occupational Therapy Department:

- A go to church campaign.

- A Spring clothing drive.

Experiment in psychodrama.

A project in the study of work preferences.

Outdoor vegetable gardens.

At the end of the year, in June, 9 students from the Boston School of Occupational Therapy began training at the hospital.

Hydrotherapy Department

During the year 2,246 hours of continuous tubs were given (5 years ago there were 74,051 hours.) 360 hours of wet sheet packs were administered (5 years ago 6,172 hours.)

Only limited use was made of the female hydrotherapy department and the male department was closed during the entire year. It was difficult to find experienced female help and no male hydrotherapists could be found. There seemed to be no training facilities feeding personnel into this field. We have not been able to secure a single qualified person who could be the trainer of a new group. There is need for hydrotherapy on the disturbed male and female wards. There appears to be a change in fashion also of prescribing hydrotherapy. It certainly is not as much used or needed as it was five years ago. Perhaps its limited availability did not provide a fair test. One feels, however, that shock therapy and lobotomy are removing some of the most disturbed patients from the hydrotherapy department where they used to be kept almost continuously.

Physical Therapy

During the year 108 patients received 1,529 treatments. In January it was necessary to close the department when the Physical Therapist resigned to take a position with the Veterans Administration. We have been unable to find a therapist who would accept our salary.

The present department is tiny, crowded, not at all large enough to provide the service required in a hospital this size. It

is not accessible to the medical wards where it is most needed. There are no facilities for remedial exercise. Plans for expansion will be developed as competent direction can be secured.

Drugs

There has been no notable change in the pattern or use of drugs during the year. A slightly smaller amount of sedative drugs was used than in the past year and there was some increase in the use of injectable hypnotics, particularly for narcosynthesis. Penicillin was held to a ration figure as were vitamin preparations. All patients with positive diagnostic indications for rationed drugs received them. Calcatose and similar "food products" were used only in the tuberculosis and medical wards and for feeding problems.

DIAGNOSTIC SERVICE TO PATIENTS

TB Survey

Between the dates of March 10th and 21st, an X-ray survey was made of patients and employees of the Boston State Hospital by the Department of Public Health who set up a mobile X-ray unit at the hospital. 2,117 of the 2,893 patients then in residence were X-rayed, and 245 of 541 employees availed themselves of the opportunity.

Of the patient group, 109 patients were found to have pulmonary tuberculosis. Of these 2 were active, 5 probably active, 33 questionable, and 69 inactive. There were 15 patients who had some suspected pulmonary lesion, 13 who had non-tuberculosis pulmonary disease, 11 with miscellaneous diagnoses, 39 cardiovascular cases and 11 with lesions recommended for further observation.

In the employee group, 1 case of inactive tuberculosis was found. There were 2 individuals with suspected pulmonary pathology, 1 with a miscellaneous condition, 2 with cardiovascular disorders, and 1 who required further observation.

All cases with active, observation, or questionable lesions were given further study and appropriate treatment supplied.

Patients not X-rayed were the many infirm and senile patients and the more acutely disturbed male and female patients. The latter group will be X-rayed by the hospital.

All cases of tuberculosis in the G Building were re-surveyed for laryngeal and genito-urinary involvement. No cases requiring special therapy were discovered.

A genito-urinary disease survey is presently being made by Visiting Staff specialists.

Psychology Department

This department, which has consisted during most of the year of only one person, gave 555 tests to 255 patients. There is great need for additional personnel to do psychological testing, special therapy and research. A psychologist should be available for assignments to the psychiatric team on each of the two major services to work closely with the psychiatrists.

Laboratory

The laboratory has functioned during most of the year with only 1 technician to assist the pathologist. Other positions have been filled only part of the time for brief periods. It has become exceedingly difficult to secure trained technicians at the salary available. Routine work has continued at about the level of last year. There were 122 autopsies (32%), 411 pre-shock studies, 1,830 paraffin sections made, 108 electrocardiographic readings, 22 basal metabolism tests, 2,215 urinalyses, 1,582 red blood counts, 800 blood sugar tests, 175 sedimentation rates determined and 669 non-protein nitrogen tests made. These are a few selected tests from the great many done to give an index of the degree of activity

as compared with previous years. Several research studies are in the process of preparation. One is an investigation of brain vessels to assist in the study of arteriosclerosis and the other is a study of infectious diarrhea.

X-ray Department

There were 2,626 plates taken on 1,445 patients. The radiologist made 42 visits to the hospital to read X-ray reports. The X-ray equipment is no longer dependable. It is becoming increasingly difficult to take good diagnostic plates. Furthermore, the exposed wires are a hazard. This equipment will require replacing in the next year or so.

HEALTH OF PATIENTS

There was a serious epidemic of what was believed to be a virus borne infectious diarrhea between the 14th of December and the 10th of January at the hospital. In all, 627 patients were stricken; 407 patients in H, B, and I Buildings, and 220 in the East Group, N, M, and O Buildings. The disorder was characterized by two days of discomfort with nausea and vomiting, and low fever. Those who were infirm, with poor resistance, were unable to withstand the sudden onslaught and 58 patients died who were between the ages of 51 and 91. There were 6 autopsies performed in this group and all showed inflammation of the small bowel. The Public Health Service assisted in the study of cases and the control measures.

In February there were 3 cases of diphtheria. The H Building was placed in quarantine for a brief period. Smears taken on all patients and employees revealed three carriers.

In April 800 patients in the A, B, H, and O Buildings were given treatment for scabies infection. There had been sporadic cases in these areas and in order to wipe them out all patients were treated.

TEACHING ACTIVITIES

Staff education was intensive during the year. A teaching conference was held once each week on Monday; a conference on therapy met every Thursday and a literature review convened every Saturday. Clinical pathological conferences were held once a month at which time all deaths were reviewed.

Nine doctors attended weekly day long classes at the Metropolitan State Hospital in preparation for the American Board Examination. 13 physicians attended seminars in child psychiatry at the Walter E. Fernald State School and 11 physicians attended the weekly seminars in social psychiatry at the Boston Psychopathic Hospital.

Dr. Rodofsky and Dr. Kaldeck successfully passed their American Board examinations in psychiatry.

Psychiatric Seminar Program

Held Wednesdays at 12 noon for Fall series followed by Staff Luncheon at 1:00 P. M. Others at 11:00 A. M.

All Meetings in the Reception Building Auditorium.

Purpose: To introduce leaders in psychiatry in Boston to our staff and present important aspects of psychiatry as a staff education program.

<u>Date</u> <u>1946</u>	<u>Seminar Leader</u>	<u>Topic</u>
October 2	Dr. Abraham Myerson	Neuropsychoses
October 9	Dr. John Murray	Dynamics of Neuroses
October 16	Dr. Ives Hendricks	Ego Development
October 23	Dr. Malcolm Farrell	Problems of Mental Deficiency
October 30	Dr. Leo Alexander	Aggressive Behavior
November 6	Dr. A. Warren Stearns	Medical Legal Psychiatry
November 13	Dr. William Lennox	Epilepsy
November 20	Dr. Harry A. Solomon	Research in Psychiatry

November 27	Dr. Robert Fleming	Alcohol and Its Treatment
December 4	Dr. Walter E. Barton	Group for Advancement of Psychiatry
December 11	Dr. D. Denny-Brown	Treatment of Head Injuries
December 18	Dr. Stanley Cobb	Psychosomatic Medicine
 <u>1947</u>		
January 8	Dr. Clifton T. Perkins	Administrative Psychiatry
January 15	Dr. Douglas Thom	Child Psychiatry
January 22	Dr. Robert S. Schwab	E.E.G. in Diagnosis of N.P. Disorders
January 29	Dr. Paul Yakovlev	Neurology in a State Hospital
February 5	Dr. William Malamud	Interview Techniques
April 2	Dr. Eliot Rodnick	The Psychologist in a State Hospital
April 9	Miss Esther Cook	The Responsibility of a Social Work Department in a State Hospital
April 16	Dr. J. Martin Woodall	The Treatment of the Neuroses
April 23	Mrs. Dorothy Lythgoe	Prescribing Occupational Therapy
April 30	Dr. George Gardner	Juvenile Delinquency
May 7	Miss Annette Garrett ¹ / ₂	Dynamic Social Case Work
May 14	Mr. James Warren	The Functions of the Bridgewater State Hosp.
May 21	Dr. Flagler Fultz	Music in Hospitals
May 28	Rev. Rollin Fairbanks	Religion in Psychiatry
June 4	Dr. Harry Freeman	Carbohydrate Metabolism in Schizophrenia
June 11	Dr. Milton Greenblatt	Frontiers of Electro- Encephalography
June 18	Dr. William Holt	Follow-up Study of Post Encephalitis Cases
June 25	Dr. Kenneth J. Tillotson	Long-series Shock Therapy

The following groups were given special instruction in the hospital:

July - Boston University School of Business Administration,
60 students.

March - Boston University School of Social Work - 50 students
Bouve Boston School of Physical Therapy - 15 students
Massachusetts Association for Occupational Therapy -
100 students

April - Harvard University Clinical Psychology Class - 30 students
Suffolk Law School - 20 students
Two clinics for Tufts Medical students - 50 students

May - Massachusetts Society for Research in Psychiatry -
1-- students

Weekly classes and clinics were provided for Boston University
Medical students

Distinguished visitors to the hospital during the past year
were the following:

Sept. - Dr. Francisi Tancredi of Brazil

Dr. Mazhar Usman of Constantinople, Turkey.

June - Dr. O'Reilly, Superintendent of the Birmingham State
Hospital, Birmingham, England

Medical Library

The library loaned 1,000 journals to 22 doctors, 50 nurses, and 19 other persons who used the library during the year. 2 books were lost as were 8 journals during that period. 141 new books were acquired and 40 journals were bound. There are now ready for binding 431 journals. During the war index volumes were not purchased and no journals were permanently bound. This seriously impaired the functioning of the library. As a result there are now 337 incomplete journals. We will endeavor to restore the more important reference volumes.

The library is functioning actively and doing bibliographical research. It is now a member of the American Medical Library Association. Physicians are able, as a result of this service, to secure inter-library loans. This has been considerably used during the past year.

A Library Committee has been formed for the purpose of selecting books and journals.

There is need to revise the lighting system in the library and additional shelf space will soon be needed.

RESEARCH DIVISION

Abraham Myerson, M. D., Director of Research

The report of the activities of the Division of Psychiatric Research of the Boston State Hospital for the year July 1, 1946, through June 30, 1947, follows:

During this year work in the research division was greatly handicapped by the fact that Dr. Leo Alexander, who is the associate director and active head of the laboratory, was in Europe from November on, as special consultant to the Secretary of War assigned to the prosecution of Nazi war criminals accused of barbarous medical experimentation on human prisoners. This work has been very important and, in a certain sense, constitutes research of a type but not one which can be reported here.

The work has largely been divided up into the following categories:

I. A study was made of the capillaries in schizophrenia, and a paper on this subject has been accepted for publication by the Journal of Nervous and Mental Diseases and will appear shortly. This work, carried on mostly through the initiative of Dr. Alfred Hauptmann, shows that the skin capillaries in schizophrenia are markedly abnormal, tending to be of an immature type, and in general, contrast very markedly with normal capillaries and also with those seen in other mental disturbances. In other words, there seems to be a physical basis or objective diagnostic physical formation in schizophrenia which appears of a fundamental nature.

II. A considerable amount of work has been done on chemical changes in cases treated by electric shock. The technique of obtaining blood from the jugular vein under circumstances of

electric shock is quite difficult, but a large number of successful experiments were carried out before, during, and after electric shock with control studies of blood from other parts of the body. These studies show several important changes:

(1) The cholinesterase of the brain blood is quite markedly lessened during the attack and for some time afterwards.

(2) Creatinine changes are distinct and entirely in the direction of an increase for a very short period following the convulsion.

(3) There are changes which take place in hemoglobin, which at present cannot be evaluated and on which work is still going on.

(4) There is some change in the globulin-albumen ratio of the brain blood, which is still being studied.

These changes are in addition to other studies made relating to sugar and oxygen content of the brain blood. A paper on the subject will be read before the Boston Society of Psychiatry and Neurology in the Fall.

III. Studies on the effect of nicotinic acid on epilepsy have been undertaken. Apparently nicotinic acid has no direct effect on convulsions, but it seems to lessen the deadening effect of the sedatives used and, in general, to improve the condition of the patient. There seems also to be an improvement in that the number of the attacks finally becomes lessened. It is not thought that this is due to the direct effect of the nicotinic acid but to the general improvement in the health of the patient. Electroencephalographic studies are not conclusive. In some instances patients show improvement in the brain waves; in others, no change seems to take place. This is a continuing research.

IV. Unfortunately, a report on Dr. Alexander's work in our laboratory cannot be included since he is still in Europe at the time of preparation. He was carrying on very active electroencephalographic studies on various types of cases, as well as clinical studies. These researches will be continued when he returns in the Fall. A program of research for the coming year will then be formulated.

V. The director has applied for funds under the National Mental Health Act to carry on a research on the brain blood during electric shock. This will undoubtedly be formulated with or without funds from the government, but funds would enable it to be more comprehensive in scope.

The following scientific papers were published on research work at the hospital during this period:

Loman, Julius and Myerson, A: Circulation of the brain and face. Determinations of oxygen and sugar in arterial and in internal and external jugular venous blood.

Arch. Neurol. & Psych., 57:94-97 (Jan.) 1947.

Myerson, Abraham and Myerson, P.G.: Prefrontal lobotomy in the chronic depressive states of old age. Digest of Neurology and Psychiatry, series No. XV, pub. of Institute of Living, 200-201 (Apr.) 1947.

Myerson, A.: The treatment of hysteric amnesia by purely pharmacologic means. New England J. Med. 236: 821-823 (May 29) 1947.

Myerson, A.: The sleeping and waking mechanisms, A theory of the depressions and their treatment. J. Nerv. and Ment. Dis., 105:598-606 (June)1947.

From the Clinical Service:

Barton, W. E.: "Convalescent Reconditioning Program for Neuropsychiatric Casualties in the U. S. Army." Chap. XXV, "Military Psychiatry", Published by Williams and Wilkins, 1947.

Cohen, N.: "Treatment of Mental Illness at Home by Small Doses of Insulin," New Eng. J. of Med. 235:612-616, Oct. 24, 1946.

Kaldeck, R. "Shock Therapy," a discussion. Diseases of the Nervous System. Vol. 8:117 April, 1947.

Papers submitted for Publication:

Gifford, S. and MacKenzie, J.: "Review of Literature on Group Treatment of Psychosis," Diseases of the Nervous System.

Mann, James and Mann, Harold: "Organization and Technique of Group Treatment of Psychosis." Diseases of the Nervous System.

Fidler, J. and Standish, C.: "Observations noted during Course of Group Treatment of Psychosis." Diseases of the Nervous System.

Gurri, J. and Chasen, M.: "Preliminary Survey of the Results of Group Treatment of Psychosis." Diseases of the Nervous System.

Kaldeck, R.: "Transient hemiplegia following Electroconvulsive Treatment," to be published in the Archives of Neurology and Psychiatry.

Barton, W. E. "Prescribing Occupational Therapy in Psychiatric Disorders," a chapter in a book to be published under the editorship of Dr. W. Dunton, Jr.

Semrad, E. V.: "The State Hospital Clinician Views Occupational Therapy." To be published in the American Journal of Occupational Therapy.

Papers Presented before Scientific and Professional Groups

Leo Alexander, M. D., "Aggressive Behavior," Presented to staff of Pratt Diagnostic Hospital, Boston, Mass., 4 October 1946.

"One Major Aim of the German Vivisectionists: Ktenology as a Scientific Technique of Genocide." Presented before the International Scientific Commission (War Crimes,) in Paris, France, on January 17, 1947.

"A review of the criminal medical experiments performed by the German Doctors at present on trial before the American Military Tribunal in Nurnberg." Presented before the International Scientific Commission (War Crimes) in Paris, France, on January 15, 1947.

"The Social-Psychological Structure of the SS." Presented at the Medical School of the Rijks University of Utrecht, Netherlands, on March 19, 1947.

"The medical, scientific and socio-psychological aspects of the case against the Nazi doctors on trial before the American Military Tribunal in Nurnberg, Germany." Presented before the Utrecht branch of the Netherlands Medical Association in Utrecht, Netherlands, on May 23, 1947.

"The Social-Psychological Structure of the SS," to be presented before the Congress of the Dutch Society of Psychiatry and Neurology, Amsterdam, Holland, on June 12, 1947.

Elvin V. Semrad, M. D.

"Senile Disorders," a discussion read before Mass. Society for Research in Psychiatry, Waltham, Mass., 28 October, 1946.

"Participation Interview Technique in Occupational Therapy," read before Mass. Association for Occupational Therapy, Boston, Mass., 14 March 1947.

"Group psychotherapy of Psychotics," a discussion read before the American Psychiatric Association, New York City, 23 May, 1947.

Walter E. Barton, M. D.

"Results of Electric Shock Therapy," a discussion read before the Mass. Society for Research in Psychiatry, Waltham, Mass., 28 October 1946.

"The Value of Occupational Therapy in a Rehabilitation Program in a General Hospital," presented to the staff of the West Roxbury Veterans Hospital 31 January 1947.

"The Application of Occupational Therapy to the Needs of State Hospital Patients," read before the Mass. Association for Occupational Therapy," Boston, Mass., 14 March 1947.

"The Psychiatric Aspects of Occupational Therapy," a discussion presented to the New England Society for Physical Therapy, Boston, Mass. 26 March 1947.

"Public Education," a discussion read before the Mass. Society for Psychiatry, Boston, Mass. 25 April 1947.

"Is the State Hospital Obsolete?" a paper presented to the staff of Butler Hospital, Providence, R.I.

3 June 1947.

"Leisure Time Activities and Mental Health," a paper presented before the Y.M.C.A. conference of Directors and Physical Education, College Camp, Lake Geneva, Wisconsin, 26 June 1947.

"A Program for State Hospitals," a paper read before the Group for Advancement of Psychiatry," Minneapolis, Minnesota, 30 June 1947.

Sanford Gifford, M. D., and James MacKenzie, M. D.

"Review of the Literature on Group Treatment of Psychosis," presented before the Mass. Society for Research in Psychiatry, Boston, Mass. 2 May 1947.

James Mann, M. D., and Harold Mann, M. D.

"Organization and Techniques of Group Treatment of Psychosis," presented before the Mass. Society for Research in Psychiatry, Boston, Mass., 2 May 1947.

J. W. Fidler, Jr. and C. Standish, M. D.

"Observations noted during the Course of Group Treatment of Psychosis," presented before the Mass. Society for Research in Psychiatry, Boston, Mass., 2 May 1947.

J. Gurri, M. D., and Mignon Chasen, M. D.

"Preliminary Survey of the Results of Group Treatment of Psychosis," presented before the Mass. Society for Research in Psychiatry, Boston, Mass., 2 May 1947.

RELIGIOUS ACTIVITIES

The Catholic Chaplain held Sunday Masses each week at 6:00 and 8:30 A.M. The average attendance was 500. Confessions were received on Fridays and Saturdays. Special Masses were held on Christmas and Easter for patients unable to attend Chapel during the year. Services were held in A, B, H, I and P Buildings. All Catholic patients were interviewed and, if capable, went to confession and received Holy Communion. The Chaplain administered the Last Rites to all Catholic patients who were critically ill. He served also as the spiritual advisor to staff, employees, and patients alike on all matters pertaining to those of Catholic Faith.

The Protestant Chaplain conducted a worship service each Sunday Morning during the year in the hospital Chapel. In addition, there were special services at Christmas, Good Friday and Easter. The Chaplain listened to the problems and brought comfort to those of Protestant Faith who sought his help. He tried to stimulate relatives, who were neglecting patients, to take a more active interest in their welfare.

The Jewish Rabbi held weekly services on Saturdays for patients of Jewish Faith. Other holy days were also observed. The Feast of the Passover was observed by over 150 patients.

BUSINESS ADMINISTRATION DIVISION

Charles A. Perry, Steward and Business Manager

Progress

Advances were made during the year in general building maintenance. Several buildings were renovated inside and out. Roof repairs and steam lines received special attention. Patient clothing was markedly improved, especially on the male ward service, by the availability of low cost war surplus materials and by Massachusetts State Guard clothing. War surpluses also helped in other directions such as supplying over 200 mattresses which were sorely needed in the Employees' Buildings. A twenty-four hour grounds police program established offered greater security at night as well as during the day.

Problems

If the progress seems short and the problems long, it is only due to the awareness that much still remains ahead to accomplish. Operations in the Kitchen have been rendered difficult by many vacancies and the high turnover as well as the quality of help available. Shortages have continued in sheets, pillow cases, towels. There has been minimal coverage in blankets. We have had to pay high prices for most everything we use; this produced the effect of reducing standards because our money did not reach as far. The hospital cost index shows that there has been a 65% increase in average costs of all commodities used as compared to 1940. During this same period there has been only a 16% increase in the per capita cost. The difference has resulted in lower standard of care.

Per Capita Cost

1937	9.9521
1938	9.1106
1939	9.3121
1940	9.0557
1941	8.7177
1942	8.8249
1943	7.3183
1944	7.5109
1945	7.7168
1946	8.09
1947	10.81

Note especially the figure before the war, 1937 through 1940. After that year the lower cost was due to the great number of vacancies on the payroll. The money appropriated in 1947 was not adequate to carry out the program of care and treatment which the community demands from the hospital.

There were not enough funds in the Personnel Budget to pay for the blocks that had been established with the essential overtime, which employees were compelled to work when vacancies exceed 12%. The appropriation for Personnel was \$743,330.73. It was necessary to spend \$857,939.79. The additional was required to offset the salary increases of Attendants and the overtime worked to cover the many vacancies.

The Food Budget was inadequate to feed the established ration at current prices. Food costs increased to nearly 71% greater and there were 500 more patients to feed than the hospital had before the war. Our appropriation was \$330,000.00; \$442,635.01 was spent.

The Medical and General Budget was also figured too closely to provide the essential treatment that patients require. The appropriation was \$30,000; \$42,540.06 was spent. Some of this excess, however, was due to the newly established medical and visiting staff program.

Office expense costs were below that necessary to meet current operations. Before the war the annual expense in this account was \$10,000.00; now, with higher costs to pay, the appropriation was only \$9,000.00. Although the most rigid economies were practiced the expenses were \$9,824.86.

The Furnishings appropriation was \$38,000; \$42,628.31 was spent. Here, too, it is necessary to realize that it was necessary to furnish almost 25% more patient bed space at a 65% increase in average cost.

The appropriation for Heat and Power Plant Operations was \$137,000; \$160,038.41 was spent. This increase was due almost entirely to the increased fuel costs over what had been projected.

The Repairs Ordinary appropriation was \$14,000; \$14,411 was spent. The appropriation was less than the average allotted in the pre-war years even though costs were more than 65% increased.

The 1947 appropriation totaled \$1,352,660.00. The actual expenditures totaled \$1,621,510.91. Additional money granted was \$264,856.19. All but \$18,580 of this was used to pay salaries and overtime of employees within our quota and for the feeding of patients at high prices than were projected and for increased fuel prices.

Nutrition Department

Under the qualified direction of Miss Esther E. Currie, who was appointed Dietitian on the 14th of October, 1946, considerable improvement was made in the organization of the kitchens and cafeterias and in the food service.

Menus were planned for a month in advance to create greater variety. A basic food policy was established which stated in part that fruit would be served three times a week at breakfast and three different nights a week for dessert at supper time. Eggs would be served three days a week at breakfast. The noon meal was to consist of the ration allowance for meat, potatoes, vegetables, and a dessert. Fish was to be served two meals a week, two slices of bread with butter substitute at each meal. Milk was to be available at one meal daily for those who requested it. Some increase in the evening meal was also provided. The same basic menu was established for both employees and patients cafeterias.

A feeding experiment was conducted in Buildings A and J. It was found that it was necessary to add 400 calories, during the day as supplementary feeding, in order for patients to gain weight. A similar study on a larger, more active group of patients is now in progress in the A Building. The high cost of food compelled the hospital to be off the ration in some items of diet during the last quarter.

A meal ticket system was instituted for employees to insure that those entitled to meals received them.

A dishwashing machine was installed in the West Employees' Cafeteria and also in the A and G Cafeterias. Two new food trucks solved a very real transportation problem. A and G Cafeterias were re-fitted and restored to operation.

The chief problems continue to be the need for a more stable personnel group, a more certain silverware control system to prevent

losses, more mugs, bowls, and other dishes, and an improved checking system to prevent loss and breakage.

There is great need for a new dishwashing machine in the West Cafeteria as the one available is constantly out of order.

Preparation benches and a new potato peeler are needed in the Scullery. There is need for revision of the dishwashing and food handling system in the H Building. Greatly needed are proper inserts for food carts and cafeteria tables and insulated containers for the transportation of food from the central kitchen to the 6 outlying cafeterias and 10 infirmary wards serving food.

Laundry

The laundry has operated surprisingly well considering its handicaps. There have been repeated mechanical failures but prompt repair has enabled us to increase the work load done. 1,125,364 pieces of patient clothing were laundered during the year as were 213,567 pieces of staff and employee clothing. The institution of a linen exchange system made available more linen on the wards, even though inventory levels continued low.

The chief problems were the number of vacancies; the low pay does not attract skilled workers. Soap silicates and bleaches were hard to obtain and made laundering processing more difficult. Particularly needed to eliminate breakdowns are two tumblers, an extractor, and a flat work ironer. We also need to institute a system of personal clothing laundering as many relatives continue to launder clothing of many patients.

Industrial Department

Mr. James E. Hurley, Head Industrial Therapist, retired after 33 years of service. He was succeeded by Mr. Peter J. Barlow.

This department continued to play a vital part in the refinishing of furniture, in the repair of beds, the making of window shades and many general repairs. 574 mattresses were made, 263 pillows manufactured and 5,742 pairs of shoes repaired.

Sewing Room

Mrs. Alice Brooks, the Head Seamstress, retired during the year. She was replaced by the Acting Head, Miss Mary Rooney. The Department greatly assisted in improving the clothing of patients and provided a steady flow of articles. They salvaged much scrap material such as torn blankets and sheets for re-use. Some 25,982 manufactured articles were sent out; 43,681 yards of materials were used, 37,811 articles purchased outside were issued. 65,485 pieces were stamped.

The problems ahead are more efficient organization of production geared to need and condemnation and replacement. There is need for greater use of patient helpers and the development of a therapeutic atmosphere.

STATUS OF CERTAIN ESSENTIAL ITEMS

Acute shortages existed at the start of the year in certain essential items of bedding and clothing. Here is a comparative table showing the issue of purchased materials, the quantity of home furnished items issued, minus the destruction. The total left for coverage is shown:

	<u>Pur- chased and Issued</u>	<u>Manu- factured and Issued</u>	<u>Total Issue</u>	<u>Des- troyed</u>	<u>Total Net Increase</u>
Bedding and Linens	324	3010	3934	378	3556
Sheets	924	3010	3934	378	3556
Pillow Cases	1488	2057	3545	76	3469
Blankets	1576		1576	196	1380
Blankets, Strong	100		100	38	62
Bath Towels		1882	1882		1882
Hand Towels	2400	1510	3910		3910
Clothing					
Women's Underclothing	6087	187	6274	124	6150
Women's Dresses (1663 patients)	831	1946	2777	272	2505
" Strong Dresses		1574	1574	146	1428
" Stockings	7533		7533		7533
" Shoes	518		518		518
" Coats	252		252	34	218
Men's Underclothing	6513	504	7017	17	7000
" Trousers (1237 patients)	2944	176	3120	208	2944
" Shirts	3607	136	3743	256	3487
" Shoes	708		708		708
" Sox	2448		2448		2448
" Coats	930		930	4	926

COMPARATIVE INVENTORIES OF ITEMS THAT ARE CRITICALLY
SHORT SHOWING SLIGHT GAINS IN ALL ITEMS BUT TOWELS AND
BED SPREADS

	<u>30 June 1946</u>	<u>30 June 1947</u>
Blankets	3123	3188
Bathrobes	437	857
Bed Gowns	779	1275
Sheets	4871	5447
Pillow Cases	2169	2807 (2900 beds)
Spreads	2251	1864
Towels - bath	1766	513 (2900 Patients)
Dresses	1001	1885
<u>Maintenance Department</u>		

Significant inroads have been made on deterioration due to the enforced neglect of war years. While some roof repairs were made by outside contractors, the acquisition of a roofer made more certain the steady repair of small leaks as they occurred. Two apartments were constructed in the Staff House out of unused rooms and an old, abandoned room which had formerly served as a morgue was made into a treatment room for the East Service.

A treatment suite was also constructed on P-1 ward. The outside of M and N Buildings, Superintendent's House, and the Farm Apartment Building were painted. The entire inside of Buildings M, N, and L, were painted, plus H-7 and H-8, North Employees' Cottage #4, B-8, Male Home Basement, Beauty Parlor, and Apartments 135 in the Nurses' Quarters and 105 in Male Employees' Building.

A tunnel between N, O, and P Buildings was waterproofed. The

N entrance was rebuilt. Many locks, screens, and grills were repaired. 8,993 panes of glass were installed.

The chief problems are the need for flooring, particularly in A wards, 5 and 6, and I wards, 3 and 4, G and H Buildings. Window guards are badly needed in Reception Building, I and A Buildings and H-8.

The outside painting schedule is still behind due to the scarcity of white lead and high cost of paint.

Lumber scarcities and high costs hampered our door repair and general construction requirements. An inadequate repairs ordinary budget limits the work that can be done.

Engineering Department

Limited progress was made in the restoration of normal operations of utilities. Some improvements were made in the steam lines and particularly in replacement of large valves and in the general repair of boilers and engines. Automatic heat controls were installed in Reception and Administration Buildings.

Increased fuel costs raised expense of operation. Very little difference in full consumption took place as can be seen from the following figures:

1946	9,181.86 Tons of coal consumed
1947	11,446.16 Tons of coal consumed
1946	1,081,756 Gallons of oil consumed.
1947	340,899 Gallons of oil consumed.

While 2,065 more tons of coal were burned (about 20%) than in 1946, only 1/3 as much oil was used.

The major problems continue to be high turnover in engineers and other skilled workers who leave for better pay now available in industry; leaking steam pipes everywhere which are damaging buildings; many leaking steam valves, and exceedingly poor plumbing maintenance. With the exception of one month in the year the hospital had no qualified plumber. We employed a plumber at current industrial wages for several months of the year to recondition certain sections of buildings where the need was most acute.

Electrical replacements also were limited. During the year there averaged from one to three small fires a month, mostly of minor character and almost all of them due to careless smoking of patients. Four fires were caused by careless smoking of employees.

Canteen

The Canteen operated erratically during the year due to the frequent change of Recreation Room Caretakers. The profits, however, did support the ward movie program, the music program, a limited recreation program, and purchased some occupational therapy equipment, as well as provided repairs for radios, pianos, etc. New show cases were purchased and the stock expanded. On the 12th of May the Canteen was robbed, with a loss of \$87 in cash and \$150 worth of stock.

In spite of handicaps and shortages which amounted at one time to 9.5% one month, a net profit of \$3068.33 was utilized for patient recreation. At the end of the year the Canteen was under new management and once again operating efficiently. A budget for the coming year has been set, based upon an anticipated income of profits from the Canteen of \$3,380.

Garage and Grounds

This department operates 14 vehicles that are rapidly aging. Replacement is sorely needed for 5, as repair costs now are mounting extremely high. Vehicles were operated for an aggregate total of 116,172 miles; 20,000 gallons of gasoline and 600 quarts of oil were used. Road repair work is falling behind and there are several areas which require extensive attention if the investment in roads is to be maintained. The grounds managed to just about keep even; it made no gains during the year. There is still much filling to be done to reclaim land before the grass and weeds can be cut on the grounds to insure patients' safety. Our trees have been neglected for years and are now in serious need of attention. Basic planting is required about many buildings.

Treasurer's Division

A critical condition developed in the Treasurer's division during the year for a number of reasons; chief among which was a prolonged vacancy in the position of Assistant Treasurer. Contributing to the accumulated back log of unfinished work was the high personnel turnover and frequent changes in rate of pay, deductions, etc. that increased the work load. The shorter work week ($37\frac{1}{2}$ hours introduced during the year) further reduced the man hours of productive work available. No new personnel was allotted to meet the cut in work time. As a result, monthly financial reports were not issued for many months. All accounts lagged behind. There was serious delay in almost all areas of operation other than the payroll. Temporary workers were assigned. A simplified time card system was installed, a competent Assistant Treasurer appointed and by the end of the year noticeable improvement had occurred, with steps taken to eliminate the back log.

Auditor's Report

The State Auditors commented critically on the Canteen shortage. In order to eliminate this source of difficulty two changes were made in management and a new system of Canteen account cards installed. Attention was called also to the delinquent disposal of patient property, particularly of patients who were discharged or who had died. Many years of accumulated property was undisposed. A new system of handling current property for disposal was instituted and efforts made to correct the back log which had accumulated over a period of years. Auditors praised the accuracy of the Storehouse operations and indicated the Treasurer's accounts were correct.

New Equipment and Major Repairs

New bathing suites were completed in B, I and O Buildings. The first section of plumbing renovation was carried out in the H Building on H-7 ward. Two food trucks were purchased, replacing two 1940 panel trucks. One Ford pick-up truck replaced a similar worn out model. A new electric shock therapy machine was purchased for the East Service. Extensive general repairs were made to the roofs. Steam lines were repaired in the East Group. Two apartments were constructed in the Staff House. The East Treatment Room was constructed out of an abandoned morgue.

Acknowledgements

The hospital wishes to thank all those persons and organizations who voluntarily gave time or material gifts for the benefit of our patients. It is especially grateful for the services and gifts to patients by the Women's Auxiliary of the American Legion

the Auxiliary of the Veterans of Foreign Wars, the United Americans Veterans, the Salvation Army, St. Mathews' Church, The Parkway Methodist Church, The Church Periodical Club, and the Lend-A-Hand Society.

Recommendations

Following are the major recommendations made for the fiscal year 1949. Detailed reports covering our recommendations are contained in the following reports to the Commissioner of the Department of Mental Health:

"Preliminary Budget Requests for Personnel Changes, 1949"

"Preliminary Budget Requests for Special Appropriations for 1949"

"Repairs and Renewals Requests for 1949"

Abstracted here are only the highlights of the most important requests contained in the above reports.

Personnel

The ward quota seriously requires increasing. The hospital has asked for 15 additional Charge Attendants and 65 more Attendant Nurses, as the first step toward the provision of adequate nursing standards in ward care. While the hospital has grown by more than 500 patients, more than 191 positions have been lost on the Ward Service alone since 1940. If proper care is to be given, more help must be provided.

A request has been made for the creation of a position of Personnel Manager and state that a Personnel Department should be established. In any industry employing more than 700 persons

a Personnel Department is indispensable. The same needs exist in a hospital. Labor management problems have increased in complexity. Under the present system untrained persons are attempting to handle the varied personnel relationships in addition to other duties. It is not working satisfactorily and is making severe demands on time of skilled persons who should be spending their time in patient care and treatment.

There is need to develop psychiatric treatment teams for greater effectiveness in patient therapy. The hospital has asked for an additional Social Worker, Psychometrist, and two Senior Clerks to serve as Administrative Assistants on the large ward services (East and West Services) which now have more than a thousand patients each. Additional barbers have been requested in order that the shaving of male patients may be increased from two shaves to three shaves per week. 6 Psychiatric Resident blocks have been requested for 1949 or it is anticipated that the Veterans resident training programs will no longer be conducted in the State hospitals by that time. Doctors in training are the most dependable source of qualified physician replacement. With the low salaries paid doctors this is the only way a staff can be insured.

Medical and Surgical Building, costing \$1,500,000.00 for 300 beds, has been requested to relieve overcrowding. The care of the sick, infirm, and aged is the greatest need so new construction is asked in this area.

Laundry Equipment, costing \$23,625, has been a request for the past three years. Repeated mechanical breakdowns hamper the operating efficiency of our laundry.

Fire Safety - Rewiring M, N, R and Chapel Buildings, \$40,000.00.

This project has been requested for many years. Conditions have to be seen to appreciate how badly they are needed. Present wiring is hazardous; corridors are dark at night and we are unable to provide additional partial lighting as the wiring is beyond simple repair.

Fire Safety, hand rails and exits, \$6,895.50. The Department of Public Safety has indicated they will not issue building certificates of inspection until hand rails are put in some of our stair well and several additional exits provided.

Employees' Furnishings, \$11,555.00. During the war years when beds and furniture were not obtainable, replacements on the wards were taken from Employees' Buildings. They must now be replaced for employee use. This request covers the refurnishing of the West Employees' Building as well as several new apartments, created for the greater number of married doctors we now must house.

Medical Furnishings, \$4,200.00. This money would supply medical charts, basic medical equipment, equipment for the furnishing of the utility and nursing offices, provide medical care for patients in the Infirmary Building.

Cafeteria Furnishings, \$5,632.00. Equipment in the East Cafeteria is more than 40 years old, is now worn out and requires replacement.

Dry Cleaning Plant, \$5,400.00. Although granted once before, the money appropriated was insufficient to purchase this equipment so that it could not be obtained. Silk and non-washable dresses, overcoats, men's suits, cannot be laundered. They require dry

cleaning, hence this request.

Recreation Building, \$500,000.00. There are presently 2900 patients in residence. The Chapel seats less than 400. An institution of this type requires a recreation center with a capacity equal to 40% of the population. It is unfair for only a few patients to obtain the benefit of movies, dances, entertainments and an indoor recreation program. Our present Chapel will seat less than 400 of our 2900 patients. An indoor space for winter recreation also is urgently needed. This request is of many years standing.

Radio Installation, \$7,000.00. Radio has come to be accepted as one of the chief sources of entertainment for the shut-in. Individual radios are costly to maintain, and too costly to install on every ward where they are needed. A central radio installation should be purchased. Controlled music and selected programs of the type patients should hear are then possible. Profits of the hospital Canteen are not adequate to cover this item as they must be used for the Occupational Therapy and recreation program for patients.

X-Ray Equipment, \$16,058.30. Present X-Ray equipment is now obsolete and hazardous. Proper medical diagnoses is no longer certain on our present machine.

Repairs and Renewals Projects: \$122,340.00 has been requested.

A few of the more urgently needed items are tabulated here below.

Replacement of typewriters

Replacement of porch gratings

Roofing materials

Dishwashing machine - West Cafeteria

Flooring repairs

Ward refrigerators

Occupational Therapy equipment

Dictating equipment

Payroll and bookkeeping machines, and many others.